

CERTIFICATE OF MAILING

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Typed or Printed Name Andrea S. Beck

Signature

Date

November 30, 1999

ASSOCIATE POWER OF ATTORNEY

Assistant Commissioner for Patents
Washington, D.C. 20231

Attorney Docket

SUN-155P

First Named Inventor

Schatzberg

Application Number

09/244,457

Filing Date

February 4, 1999

Group Art Unit

1614

Examiner Name

W. Jarvis

Title

Methods of Treating Psychosis...

Dear Sir:

Please recognize the following attorneys and agents:

| Name | Reg. No. | Name | Reg. No. |
|------------------|----------|------|----------|
| Kenneth A. Weber | 31,677 | | |

as my associates in the above identified patent application to inspect the file, to prepare and file amendments, to inspect and make copies thereof and of any papers in any appellate or *inter partes* proceedings in which the application may be or become involved, and generally to conduct all business in the United States Patent and Trademark Office relating to the prosecution of the application or any application that claims priority from this application.

Please continue to direct all communications to:

Please continue to direct all communications to:

Individual Name Bret E. Field

Firm Name BOZICEVIC, FIELD & FRANCIS LLP

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I am the: ☐ Applicant; or

☐ Assignee of record of the entire interest (*Certificate under 37 CFR 3.73(b) is enclosed.*)

☒ Attorney of record

SIGNATURE of Applicant or Assignee of Record

Name Bret E. Field, BOZICEVIC, FIELD & FRANCIS LLP

Signature

Date November 30, 1999

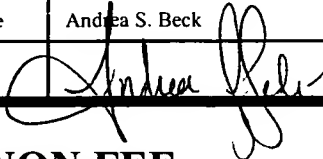
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GAU1614

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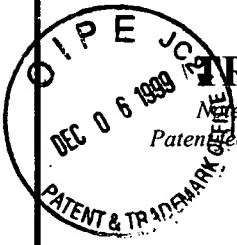
Date

November 30, 1999

NON FEE

TRANSMITTAL

*Note: Effective October 1, 1998.
Patent fees are subject to annual revision.*



Attorney Docket

SUN-155P

First Named

Alan F. Schatzberg

Application Number

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1614

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W. Jarvis

Title

Methods of Treating Psychosis Associated.....

Enclosed are the following documents:

Transmittal

Associate Power of Attorney

Return Receipt Postcard

RECEIVED

TECH CENTER 1600/2900

CLAIMS

| <u>No. of claims as filed or after amendment</u> | <u>Most claims previously paid</u> | <u>Extra claims</u> | <u>Fee from below</u> | <u>Fee Due</u> |
|--|--|-------------------------|---------------------------|--------------------|
| Total claims | 20 | = | x | = |
| Ind. claims | 3 | = | x | = |
| Multiple Dependent claims | | | x | = |

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description |
|-----------------------|------------------------|-----------------------|------------------------|--|
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 78 | 202 | 39 | Independent claims in excess of 3 |
| 104 | 260 | 204 | 130 | Multiple dependent claim |
| 109 | 78 | 209 | 39 | Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | Reissue claims in excess of and over original patent |

SUBMITTED BY

Complete (if applicable)

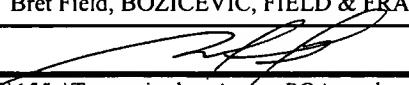
Typed or Printed Name

Bret Field, BOZICEVIC, FIELD & FRANCIS LLP

Reg. Number

37,620

Signature



Date

11. 30. 99

Deposit Account

50-0815